

## Who Files

A candidate for state or local office must file this form prior to solicitation or receipt of any contribution, including personal funds used for the election. You must file a separate Form 501 for each election, including reelection to the same office.

Exception: This form is not required if you will not solicit or receive contributions from other persons and the only expenditures will be from your personal funds used for the filing fee and/or statement of qualifications in the ballot pamphlet.

## Where to File

Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467

## When to File

File the Form 501 before you solicit or receive any contributions or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked.

See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees (Manual A) for additional information and information required to be provided to you pursuant to the Information Practices Act of 1977.

## Fast Facts

- Form 501 is not used to obtain a committee identification number. Use Form 410, Statement of Organization. The Form 410 must be filed with the Secretary of State if a candidate receives contributions, including the candidate's personal funds, totaling \$1,000 or more in a calendar year.
- Effective August 1999, campaign bank account information may be disclosed on the Form 410, Statement of Organization in lieu of completing a separate Form 502 Campaign Bank Account Statement.
- Also effective August 1999, it is not necessary to file a Form 501 Termination.
- A bank account designated for a particular election may be redesignated for a future election to the same office. File a new Initial Form 501 for the upcoming election and a new Form 410 or Form 502. Mark "Redesignate" on the Form 502 or "Amendment" on the Form 410. A bank account may not be redesignated for election to a different office. A new bank account must be established and a new Initial Form 501 and a Form 410 or Form 502 must be filed.

## How to Complete

Check *one* box to indicate type of statement.

Initial	The first candidate intention statement filed for this election.
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|-----------|---|
| Amendment | A change occurred on a previously filed Form 501 (e.g., change of address). |
|-----------|---|
- Enter the candidate's full name, current street address, daytime telephone number, and fax number, if any.
  - Enter the title of the office sought and district number, if applicable (e.g., Senate District 13, Board Member, City Council Member).
  - Enter the candidate's political party affiliation, if seeking partisan office. If non-partisan, check the non-partisan box.
  - Enter the year of the election for the office sought.
  - Enter the public agency name (e.g., State Senate, Goodtown Municipal Services District, Lake City Water District, City of Smalltown).
  - Check one box under Type of Election *only* if raising or spending funds in connection with a special or recall election. Check the "Special" box if seeking to fill a vacant elective office. Check the "Recall" box if the officeholder or candidate is involved in a recall election.
  - Check *one* box to designate the office's jurisdiction and enter the name of the city or county, if applicable.
  - The candidate must sign and date the form in ink. An unsigned statement is not considered filed.

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION

Date Stamp

**CALIFORNIA**  
**FORM 501**

For Official Use Only

Check One: ☐ Initial ☐ Amendment

## 1. Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

ADDRESS (NO. AND STREET)

DAYTIME PHONE

( )

CITY STATE ZIP CODE FAX E-MAIL (OPTIONAL)

( )

## 2. Office Sought

OFFICE SOUGHT (POSITION TITLE)

DISTRICT NUMBER

☐ NON-PARTISAN

YEAR OF ELECTION

PARTY:

PUBLIC AGENCY NAME

TYPE OF ELECTION (Check One if Applicable)

☐ Special

☐ Recall

JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)

☐ STATE

☐ COUNTY OF \_\_\_\_\_

☐ MULTI-COUNTY

☐ CITY OF \_\_\_\_\_

## 3. Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CANDIDATE